

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

FILED

Sep 09 2020

SUSAN Y. SOONG  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
OAKLAND

MICHAEL VAUGHN NICKERSON

CASE NUMBER 20-cv-6326-DMR

Plaintiff,

v.

RON BLOOMFIELD  
CLARENCE CLYDE CDCL  
SAN QUENTIN PRISON

Defendant(s).

**PRISONER'S APPLICATION AND  
DECLARATION TO PROCEED  
IN FORMA PAUPERIS**

I, (print your name) MICHAEL VAUGHN NICKERSON, declare under penalty of perjury that I am the plaintiff in this case; I believe am entitled to relief; and I am unable to pay the costs of this proceeding or give security thereof.

In support of this application, I provide true, correct and complete answers to all of the following questions:

1. Are you presently employed in prison? ☐ Yes ☒ No

The number of hours you work per week: 0 The hourly rate of pay: 0

2. For the past twelve months, list the amount of money you have received from any of the following sources.

a. Business, profession or self-employment	\$ <u>0</u>
b. Income from rent, interest or dividends	\$ <u>0</u>
c. Pensions, annuities or life insurance payments	\$ <u>0</u>
d. Disability, Social Security or other government source	\$ <u>0</u>
e. Gifts or inheritances	\$ <u>0</u>
f. Describe any other source of income: _____	\$ <u>0</u>

3. List the amount for each of the following (include prison account funds):

Cash  
on hand \$

0

Checking  
account \$

0

Savings  
account \$

0

4. Do you own or have any interest in any real estate, stocks, bonds, notes, retirement plans, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

If Yes, describe the property and state its approximate value:

☐ Yes

☒ No

\$

0

5. Do you have any other assets?

If Yes, list the asset(s) and the approximate value:

☐ Yes

☒ No

\$

6. Does anyone depend upon you for financial support?

If Yes, state their relationship to you, and indicate how much you contribute towards their support each month. Use initials (not names) to refer to minor children.

☐ Yes

☒ No

\$

***This form must be dated and signed below for the court to consider your application.***

I hereby authorize the institution having custody of me to provide a certified copy of my trust account statement for activity covering the last six months to the court. Additionally, once eligibility is established, I further authorize the institution having custody of me to collect from my trust account and forward to the court payments in accordance with 28 U.S.C. § 1915(b)(2).

Michael V. Nickerson  
Signature of Prisoner

F-77522  
Prisoner's CDCR Number

8-25-2020  
Date

**CERTIFICATION FOR PRISONERS *NOT* IN CDCR CUSTODY**

**CERTIFICATE OF FUNDS IN PRISONER'S ACCOUNT**  
(to be completed by authorized officer)

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing the transactions of \_\_\_\_\_ for the last six months at

PRISONER'S NAME

\_\_\_\_\_, where (s)he is confined.  
NAME OF NON-CDCR INSTITUTION

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Officer's Name (printed)

\_\_\_\_\_  
Date

Institution: SQ

**Inmate Statement Report**

CDCR#	Inmate/Group Name	Institution	Unit	Cell/Bed
F77522	NICKERSON, MICHAEL	SQ	A NB 5	066001

Current Available Balance: \$0.20

**Transaction List**

Transaction Date	Institution	Transaction Type	Source Doc#	Receipt#/Check#	Amount	Account Balance
**No information was found for the given criteria.**						

**Encumbrance List**

Encumbrance Type	Transaction Date	Amount
**No information was found for the given criteria.**		

**Obligation List**

Obligation Type	Court Case#	Original Owed Balance	Sum of Tx for Date Range for Oblg	Current Balance
**No information was found for the given criteria.**				

**Restitution List**

Restitution	Court Case#	Status	Original Owed Balance	Interest Accrued	Sum of Tx for Date Range for Oblg	Current Balance
DIRECT ORDER	FBA006680	Active	\$7,500.00	\$0.00	\$0.00	\$6,276.76
RESTITUTION FINE	FBA006680	Active	\$10,000.00	\$0.00	\$0.00	\$10,000.00

## INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

CDCR-0022 (10-09)

## SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) <b>NICKERSON</b>	(FIRST NAME) <b>MICHAEL</b>	CDC NUMBER: <b>F 77522</b>	SIGNATURE: <i>Michael V. Nickerson</i>
HOUSING/BED NUMBER: <b>5N-666Low</b>	ASSIGNMENT: <b>PAROLEE COLLEGE</b>	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <b>TRUST STATEMENT</b>

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

**I NEED A COPY OF MY LAST SIX MONTHS OF TRUST ACCOUNT ACTIVITY**

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) \*\*NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED\*\*

☒ SENT THROUGH MAIL: ADDRESSED TO: **TRUST OFFICE** DATE MAILED: **8/4/20**

☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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## SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: <b>BVO</b>	DATE: <b>08/07/20</b>	SIGNATURE: <i>BVO</i>	DATE RETURNED: <b>08/07/20</b>
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**See attachment**

## SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

**I SPECIFICALLY SAID I NEEDED COPY OF LAST SIX MONTHS OF ACCOUNT ACTIVITY THIS IS FOR LEGAL SERVICES AND I WAS ONLY GIVEN AUGUST**

SIGNATURE: <i>Michael V. Nickerson</i>	DATE SUBMITTED: <b>AUGUST 11, 2020</b>
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## SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME): <i>[Signature]</i>	DATE: <b>8-13-20</b>	SIGNATURE: <i>[Signature]</i>	DATE RETURNED: <b>8-14-20</b>
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**6:00 PM read by you Comptroller informed to pick-up the Gms cert. & deliver to you**